

## **ORENCIA PA SUMMARY**

**STATUS:** Non-Preferred

**LENGTH OF AUTHORIZATION:** 1 Year

### **PA CRITERIA:**

- ❖ Rheumatoid Arthritis (RA) in adults after trial and failure on a biologic DMARD (Enbrel, Remicade, or Humira) for at least two months.
- ❖ Approval for patients which have already begun treatment on Orencia prior to authorization request will be considered based on concomitant therapy information.

### **EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Express Scripts at 1-877-650-9340**.

### **PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please click [here](#).

### **QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please select Pharmacy Services from the manuals listed [at this link](#).